Book	Policy Manual
Section	4000 - Personnel Certified/Non-Certified
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EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS ADMINISTRATIVE REGULATIONS

I. **Definitions**

A. **Contaminated Sharps**: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

B. **Engineering Controls**: controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

C. **Work Practice Controls:** controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

II. **Exposure Determination**

A. Category I: Those personnel who come in direct contact with blood and body fluids for which precautions must be taken

- School Nurses and Health Office Paraprofessionals
- Principals, Assistant Principals
- School Custodians
- Science Teachers
- Special Education Teachers, Special Education Paraprofessionals
- Physical Education Teachers
- Athletic Coaches, Assistant Coaches
- Technical/Career Education Teachers
- Music Teachers
- Drama Teachers
- Art Teachers
- Cafeteria Employees

Other employees who are trained and administer First Aid, not listed in Category I, may request Hepatitis B Vaccine Series. The building Principal, or Superintendent, after a substantiated, written request, will make the determination.

Certain designated teachers or employees who are required to administer emergency First Aid to read:

1. School Nurses and Health Office Paraprofessionals may come in contact with bodily fluids when assisting with First Aid of school personnel or students.

2. Principals, Assistant Principals may come in contact with bodily fluids when breaking up fights, or assisting with First Aid of school personnel or students.

3. School Custodians may come in contact with bodily fluids when cleaning.

4. Science Teachers may perform First Aid on injured students.

5. Special Education Teachers, Special Education Paraprofessionals may come in contact with bodily fluids in their interaction with special education students.

6. Physical Education teachers may perform First Aid on injured students.

7. Athletic Coaches, Assistant Coaches may perform First Aid on injured students.

8. Technical/Career Education Teachers may perform First Aid on injured students.

9. Music Teachers may come in contact with bodily fluids in cleaning instruments.

10. Drama Teachers may perform First Aid on injured students.

11. Art Teachers may perform First Aid on injured students.

12. Cafeteria Employees may perform First Aid on other injured Cafeteria Employees.

B. Category II: Personnel who participate activities without blood exposure but exposure may occur in an emergency.

III. **Methods of Compliance**

A. Avoid direct contact with blood, bodily fluids or other potentially infectious materials - use gloves.

B. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.

C. Contaminated reusable sharps shall be placed in containers that are puncture resistant, leakproof, color-coded or labeled in accordance with Section X of this plan and shall not require employees to reach by hand into the container.

D. Protective gloves will be worn if you have any open wounds on your hands. If there is any doubt in your mind regarding some contact with blood or bodily fluids - use gloves.

E. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

F. If you become contaminated, wash that area immediately with a strong antiseptic soap or solution.

G. If clothing becomes contaminated with blood or body fluids, it should be placed in a bag labeled in accordance with Section X of this plan and placed in a contaminated clothing container for proper cleaning and/or discarding.

H. Any areas of the school that may become contaminated will be washed with a strong solution of bleach and water or other appropriate disinfectant; rubber gloves, sanitary suit, face and eye protection, and long handled scrub utensils should be used.

I. All locker rooms, restrooms, and nurses' offices will be cleaned daily using disinfectant. Custodial staff members are required to wear rubber gloves and use long- handled scrubbing utensils during these cleaning procedures at these locations.

J. When a spill occurs, the building administrator or his/her designee will limit access to areas of potential exposure and notify the staff and students. The janitorial staff will be notified to

immediately clean the area.

K. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

L. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

M. Specimens of blood or other potentially infectious materials shall be placed in a container labeled in accordance with Section X of this plan, which prevents leakage during collection, handling, processing, storage, transport, or shipping.

IV. Preventative Measures

A. The Superintendent or his/her designee shall use engineering and work practice controls to eliminate or minimize employee exposure, and shall regularly examine and update controls to ensure their effectiveness.

V. Hepatitis B Vaccination

A. The hepatitis B vaccination series shall be made available at no cost to all Category I employees. The hepatitis B vaccination shall be made available after an employee with occupational exposure has received the required training and within 10 working days of initial assignment, unless the employee has previously received the complete hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or vaccination is contraindicated by medical reasons.

B. Employees who decline to accept the vaccination shall sign the hepatitis B vaccination declination statement.

VI. Training for Exposure Control

A. Each year, all at risk personnel will be supplied with written materials relating to precautions, risks, and actions to take if contaminated by blood or other body fluids containing the following:

1. An accessible copy of the regulatory text of the OSHA standards regarding bloodborne pathogens and an explanation of its contents;

2. A general explanation of the epidemiology and symptoms of bloodborne diseases;

3. An explanation of the modes of transmission of bloodborne pathogens;

4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

8. An explanation of the basis for selection of personal protective equipment;

9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

13. An explanation of the signs and labels and/or color coding; and

14. An opportunity for interactive questions and answers with the person conducting the training session.

VII. **Reporting Incidents**

A. All exposure incidents shall be reported as soon as possible to School Nurse Supervisor.

B. All at risk personnel who come in contact with blood and body fluids in the performance of their duties will take steps to safeguard their health.

VIII. **Post-Exposure Evaluation and Follow-up**

Following a report of an exposure incident, the Superintendent or his/her designee shall immediately make available to the exposed employee, at no cost, a confidential medical evaluation, post-exposure evaluation and follow-up. He or she shall at a minimum:

A. Document the route(s) of exposure and the circumstances under which the exposure incident occurred;

B. Identify and document the source individual, unless that identification is infeasible or prohibited by law;

C. Provide for the collection and testing of the employee's blood for HBV and HIV serological status;

D. Provide for post-exposure prophylaxis, when medically indicated as recommended by the U.S. Public Health service;

E. Counseling and Evaluation of reported illnesses;

F. The Superintendent or designee shall provide the health care professional with a copy of the OSHA regulation; a description of the employee's duties as they relate to the exposure incident; documentation of the route(s) of exposure and circumstances under which exposure occurred; results of the source individual's blood testing, if available; and all medical records maintained by the school relevant to the appropriate treatment of the employee, including vaccination status; and

G. The school shall maintain the confidentiality of the affected employee and the exposure source during all phases of the post-exposure evaluation.

IX. **Records**

A. Upon an employee's initial employment and at least annually thereafter, the Superintendent or his/her designee shall inform employees with occupational exposure of the existence, location and availability of related records; the person responsible for maintaining and providing access to records; and the employee's right of access to these records.

B. Medical records for each employee with occupational exposure shall be kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law.

C. Upon request by an employee, or a designated representative with the employee's written consent, the Superintendent or designee shall provide access to a record in a reasonable time, place and manner, no later than 15 days after the request is made.

D. Records shall be maintained as follows:

1. Medical records shall be maintained for the duration of employment plus 30 years.
2. Training records shall be maintained for three years from the date of training.
3. The sharps injury log shall be maintained five years from the date the exposure incident occurred.
4. Exposure records shall be maintained for 30 years.
5. Each analysis using medical or exposure records shall be maintained for at least 30 years.

X. **Labels**

A. Warning labels shall be affixed to containers used to store, transport or ship blood or other potentially infectious material.

B. Labels shall include the following:

C. The labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

D. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

E. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

Legal 29 C.F.R. § 1910.1030 OSHA Bloodborne pathogens standards

Hepatits B Consent Form.pdf (85 KB)

Hepatitis B Vaccine.pdf (148 KB)

Hepatitis B Vaccination Declination Statement (Mandatory).pdf (105 KB)

Concentra Authorization for Exam or Treatment.pdf (474 KB)

Mandatory Declination Statement for Hepatitis B Vaccination.pdf (112 KB)

Hepatitis B Administrative Record.pdf (101 KB)